

SCDCA FOIA Request Form

Use this FOIA Request Form to submit your Freedom of Information Act request: [Unless otherwise indicated, you must provide us with the following information for your request to be processed.]

			Date of Request	
1.	Name:			
2.	Street Address:			
3.	City:		State	Zip -
4.	Telephone Number:	- -	Fax Number:	- -
5.	E-Mail Address			
6.	Description of Records Requested			
	<i>Identify the records as clearly and specifically as possible. Please provide sufficient information which would be helpful in identifying and locating the requested records, such as document title, etc.</i>			
7.	Key Words or Phrases			
	<i>Please be as complete as possible. Include information such as subject, publication date(s), office/bureau, docket number(s), and any other information which can help to identify the document(s) you are requesting</i>			
8.	Maximum Search Fee			
	<i>Enter the maximum search fee the person making this request is prepared to pay</i>			
	\$			
	Submit Request To:	S.C. Department of Consumer Affairs P.O. Box 5757 3600 Forest Drive, 3 rd Floor Columbia, SC 29250-5757		